

REGISTRATION AND SIGN- UP SHEET

APPLICANT INFORMATION

Name:		Date:
Phone:	E-mail:	
Current address:		
City:	State:	ZIP Code:
Company/ Affiliation:	Profession:	

PRICING INFORMATION

Payment is due by August 21st, 2017 by check only

Early Registration: \$225 Before July 24th, 2017

Regular Registration: \$250 After July 24th. 2017

Please make checks payable to: White River Health System

**Please Mail Registration Form to:
1699 Harrison St. Suite A
Batesville, AR 72501**

Please email Jenna at jsturgeon@wrmc.com regarding any question or concerns.

Continuing Education Course Credit Card Form

Location: White River Medical Center
Course: Functional Mobility in the ICU
Date: September 9, 2017 @ 8AM
Presenter: Jenna Sturgeon PT, DPT

Name of Course Attendee(s): _____ Date of Payment: _____

Mastercard ___ Visa ___ Discover ___ Other _____ Credit Card No: _____

Exp. Date: _____ Card Holder: _____

Phone Number: _____ Zip Code: _____

Amount: _____

**Please send completed form to: Fax: 870-262-6186
or**

Email: jsturgeon@wrmc.com

****FOR OFFICE USE ONLY: Deposit to Acute Therapy 14050**

